

**CLIENT REPORT****(Please refer to the reverse side for instructions on how to complete this form.)**

## Ryan White Care Act Health Insurance Premium Payment Program

1. Client's name (Last) (First) (MI)			2. Date of birth (mm/dd/yy)	3. Enrollment date (mm/dd/yy)
4. Residence address (number, street)		City	County	ZIP code

  

<p>5. Race/ethnicity (check one):</p> <p>10 <input type="checkbox"/> White (non-Hispanic, including Caucasian, Middle Eastern, North African)</p> <p>20 <input type="checkbox"/> African-American/Black (non-Hispanic)</p> <p>21 <input type="checkbox"/> African-American Black</p> <p>22 <input type="checkbox"/> Caribbean, not Puerto Rican or Cuban (Jamaican, Haitian, Dominican Republic)</p> <p>23 <input type="checkbox"/> African Black</p> <p>24 <input type="checkbox"/> All other non-Hispanic Black</p> <p>30 <input type="checkbox"/> Hispanic</p> <p>31 <input type="checkbox"/> Mexican/Mexican American</p> <p>32 <input type="checkbox"/> Cuban</p> <p>33 <input type="checkbox"/> Puerto Rican</p> <p>34 <input type="checkbox"/> Central American</p> <p>35 <input type="checkbox"/> South American</p> <p>36 <input type="checkbox"/> Spanish, Portuguese, Cape Verdean</p> <p>37 <input type="checkbox"/> Other Caribbean</p> <p>38 <input type="checkbox"/> Other Hispanic</p> <p>40 <input type="checkbox"/> Asian/Pacific Islander</p> <p>41 <input type="checkbox"/> East Asian</p> <p>42 <input type="checkbox"/> South Asian</p> <p>43 <input type="checkbox"/> Southeast Asian</p> <p>44 <input type="checkbox"/> Pacific Islander</p> <p>45 <input type="checkbox"/> Other Asian/Pacific Islander</p> <p>50 <input type="checkbox"/> American Indian, Aleutian, Native Alaskan or Eskimo</p> <p>99 <input type="checkbox"/> Unknown</p> <p>6. Gender (check one):</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> <p>3 <input type="checkbox"/> Other</p> <p>4 <input type="checkbox"/> Refused to report</p> <p>9 <input type="checkbox"/> Unknown</p>	<p>7. Receiving public assistance other than Medi-Cal (check all that apply):</p> <p><input type="checkbox"/> TANF</p> <p><input type="checkbox"/> SSI</p> <p><input type="checkbox"/> SSDI</p> <p><input type="checkbox"/> SDI</p> <p><input type="checkbox"/> General assistance</p> <p><input type="checkbox"/> Other _____</p> <p>8. Client's status in program (check one):</p> <p><input type="checkbox"/> Active</p> <p><input type="checkbox"/> No longer active (date inactive: _____ mm/dd/yy)</p> <p>9. Reason for inactivity (check one):</p> <p><input type="checkbox"/> Moved out of state</p> <p><input type="checkbox"/> COBRA coverage exhausted</p> <p><input type="checkbox"/> Transitioned to a HIPPP program</p> <p><input type="checkbox"/> Transitioned to Medicare</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Lost to follow-up</p> <p><input type="checkbox"/> Returned to work</p> <p><input type="checkbox"/> 29 months exhausted</p> <p><input type="checkbox"/> OBRA coverage exhausted</p> <p><input type="checkbox"/> Coverage lost</p> <p><input type="checkbox"/> Other _____</p>
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## INSTRUCTIONS FOR COMPLETING THE CARE/HIPP CLIENT REPORT

1. Enter the client's self-reported last name, first name, and middle initial.
2. Enter the client's self-reported full date of birth. Use two numbers for the month and day, and enter the last two numbers of the year.
3. Enter the date the client was officially enrolled into CARE/HIPP. Use two numbers in the first two fields to identify the month and day. In the last field, use the last two digits of the enrollment year. For example: July 7, 2000, would be shown as: 07/07/00. A new date should not be entered as part of the recertification process, nor should it be entered if the client is re-enrolling in CARE/HIPP after a period of inactivity. The enrollment date is the initial date of enrollment in the program.
4. Enter the client's self-reported city, county, and ZIP code of residence **at the time of enrollment** into CARE/HIPP. The ZIP code should be a five-digit number. If the ZIP code is not known or does not exist (e.g., client is without a home), use "99999" as the ZIP code.
5. Check the client's self-reported gender. Do not use staff observation. "Transsexual" and "transgender" may be reported in "Other."
6. Check the client's self-reported race/ethnicity. Do not use staff observation. If a client reports to be of mixed race/ethnicity: (1) Ask the client which single race/ethnic group she/he would like reported; (2) If the client does not indicate a preference, mark "Hispanic" if Hispanic is included in the client's self-reported mix; (3) If the client does not indicate a preference, and Hispanic is not included in the client's self-reported mix, then mark the first racial/ethnic group that she/he named.
7. Check if the client is receiving any public assistance other than Medi-Cal.
8. Check the client's status on CARE/HIPP. If the client is inactive, indicate the date upon which the client was officially inactive in CARE/HIPP. Use two numbers for the month and day, and enter the last two numbers of the year.
9. Check the appropriate reason if the client is inactive.